

TRI-COUNTY DOCTORS, INC.
907 N. Central Avenue
Kissimmee, Florida 34741
(407) 932-3666

ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: **HARVIEL, GWEN** **DATE 6/25/01**

REASON FOR STUDY: The patient had been on Fen-Phen. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is increased in the septal area.. Questionable hypertrophy of the left ventricle is present. The systolic function is normal with an ejection fraction of 65%. Diastolic dysfunction with decreased compliance of the left ventricle is noted.

Mitral valve shows normal structure and function.

The aorta is of normal dimension. The aortic valvular function is normal.

Mild tricuspid regurgitation with a velocity of 2.55 meter and the regurgitant gradient of approximately 26 mmHg.

Pulmonic valve velocity is normal. The pulmonic valvular function is normal.

Estimated pulmonary artery pressure is about 40 mmHg.

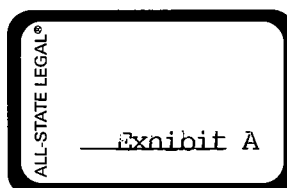
No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
 2. Left ventricular hypertrophy..
 3. Mild tricuspid regurgitation.
 4. Pulmonary artery pressure is about 40 mmHg.
 5. Suggest further clinical correlation.
- (Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

A. RAZZAK TAI, M.D.
ART/jdg

JB-P-00096



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907 N. Central Avenue
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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT:

MC DANIEL, ROBERT

DATE 6/25/01

REASON FOR STUDY: The patient had been on Fen-Phen. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal.

Left atrial size is in normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. The ejection fraction is about 70%. The global function is normal.

Mitral valve shows minimal thickening with mild mitral regurgitation.

The aorta is of normal dimension. The aortic valvular function is normal.

Mild tricuspid regurgitation.

Mild pulmonic insufficiency.

Estimated pulmonary artery pressure is normal.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Mild mitral regurgitation.
3. Mild tricuspid regurgitation.
4. Mild pulmonic insufficiency.
5. Normal pulmonary artery pressure..
6. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

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JB-P-00103

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907 N. Central Avenue
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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: ROSE, ALISHA D. **DATE 6/25/01**

REASON FOR STUDY: The patient had been on Fen-Phen. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is increased. Septal area shows slight hypertrophy. The global function is normal with an ejection fraction of 65%.

Mitral valve shows normal structure and function.

The aorta is of normal dimension. The aortic valvular velocity is normal.

Mild to moderate tricuspid regurgitation with a velocity of 2.8 meter and the regurgitant gradient of 32 mmHg.

Pulmonic valve velocity is normal. Pulmonic insufficiency of mild degree is present.

Estimated pulmonary artery pressure is normal.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Left ventricular hypertrophy.
3. Mild tricuspid regurgitation.
4. Minimal pulmonic insufficiency.
5. Normal pulmonary artery pressure.
6. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

A. RAZZAK TAI, M.D.
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JB-P-00110

TRI-COUNTY DOCTORS, INC.

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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT:

SHAW, SHIRLEY

DATE 10-27-01

REASON FOR STUDY: The patient had been on Fen-Phen and Redux. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. The ejection fraction is greater than 50 %.

Mitral valve shows a mild degree of mitral regurgitation with a velocity of 1.46 meter and regurgitant gradient of 8.5 mmHg. RJA/LAA ratio is insignificant.

The aorta is of normal dimension. Aortic valvular velocity is normal.

Mild tricuspid regurgitation with a velocity of 1.96 meter and regurgitant gradient 15.3 mmHg.

Pulmonic valve velocity is normal. Trace of pulmonic insufficiency.

Estimated pulmonary artery pressure is within the normal limits.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Left atrium appears to be in the upper range of normal.
3. Mild mitral regurgitation.
4. Mild tricuspid regurgitation.
5. Trace of pulmonic insufficiency.
6. Normal pulmonary artery pressure.
7. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

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JB-P-00121

TRI-COUNTY DOCTORS, INC.
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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT:

WESTBROOK, MELISSA

DATE 6/24/01

REASON FOR STUDY: The patient had been on Fen-Phen. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained. Technically difficult study. The patient is quite obese, weight over 265 pounds.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal.

Left atrial size is increased to 4.9 cm. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is increased. Hypertrophy of the left ventricle is present. The global function is normal with an ejection fraction of greater than 65 %.

Mitral valve is thickened with normal function.

The aorta dimension dilated to 3.9 cm. Aortic valvular velocity is increased to 1.73 meter and minimal systolic gradient is present.

Mild tricuspid regurgitation with a velocity of 2.64 meter and the regurgitant gradient of approximately 28 mmHg.

Pulmonic valve velocity is normal. Pulmonic valvular function is normal.

Estimated pulmonary artery pressure is approximately 45 mmHg.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Technically difficult study. The patient is very obese.
2. Normal left ventricular systolic function.
3. Left ventricular hypertrophy.
4. Mild left atrial enlargement.
5. Slight aortic dilatation with a minimal systolic gradient.
6. Mild tricuspid regurgitation.
7. Mild pulmonary hypertension.
8. Suggest further clinical correlation.

JB-P-00115

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

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Kissimmee, Florida 34741
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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: HARMON, LINDA **DATE 4/21/01**

REASON FOR STUDY: The patient had been on Fen-Phen and Redux. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. The ejection fraction is greater than 80%.

Mitral valve shows normal structure and function.

The aorta is of normal dimension. Aortic valve velocity is in the upper range of normal. A mild degree of turbulence is present.

Moderate tricuspid regurgitation with a velocity of 3 meters..

Pulmonic valve velocity is increased. Turbulence is present. A small systolic gradient was noted. A mild degree of pulmonic insufficiency.

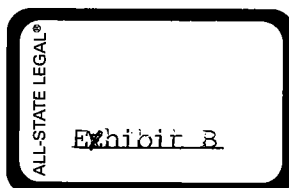
Pulmonary artery pressure calculated to be about 50 mmHg.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
 2. Aortic valve turbulence is present.
 3. Moderate tricuspid regurgitation.
 4. Mild pulmonic insufficiency.
 5. Mild pulmonary hypertension.
 6. Suggest further clinical correlation.
- (Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

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LH-P-00023

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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: MURPHY, DONNIE SUSIE

DATE 4/22/01

REASON FOR STUDY: The patient had been on Fen-Phen. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. The ejection fraction is 75%.

Mitral valve has normal structure and function.

Aorta is of normal dimension. The aortic valvular function is normal.

Mild to moderate tricuspid regurgitation.

The pulmonic valvular velocity is in the upper range of normal. Pulmonic valvular function is normal.

Calculated pulmonary artery pressure is slightly elevated.

No evidence of pericardial effusion.

FINAL CONCLUSION:

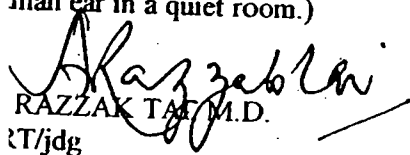
Normal left ventricular systolic function.

Mild to moderate tricuspid regurgitation.

Slightly elevated pulmonary artery pressure.

Suggest further clinical correlation.

Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the man ear in a quiet room.)


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T/jdg

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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: **NOLAND, DEBBY**

DATE 4/22/01

REASON FOR STUDY: The patient had been on Fen-Phen. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is increased. Hypertrophy of the left ventricle is present. The systolic function is normal with an ejection fraction of 60%. Diastolic function is abnormal. Decreased compliance of the left ventricle is noted.

Mitral valve is of normal structure and function.

The aorta is of normal dimension. The aortic valvular function is normal.

Mild tricuspid regurgitation.

The pulmonic valve velocity is normal. Slight turbulence is noted..

Estimated pulmonary artery pressure is in the range of about 45 mmHg.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Left ventricular hypertrophy.
3. Diastolic dysfunction with decreased compliance of the left ventricle.
4. Mild tricuspid regurgitation.
5. Pulmonary valve turbulence.
6. Pulmonary artery pressure is in the range of about 45 mmHg.
7. Suggest further clinical correlation.

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ART/jdg

Y. Mosley

TRI-COUNTY DOCTORS, INC.
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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT:

CHALMERS, BARBARA

DATE 10-27-01

REASON FOR STUDY: The patient had been on Fen-Phen and Redux. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained. Technically poor echocardiogram. The views are limited. The endocardium was not visualized, therefore accuracy of the calculation cannot be guaranteed.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole appear to be increased to 3.63 cm. and 5.95 cm. The ejection fraction appears to be within the normal range.

Aortic valve is not visualized.

The aorta is not visualized accurately.

Tricuspid valve not visualized.

Pulmonic valve not visualized.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Technically poor study. Incomplete study.
2. Would require further evaluation and possible TEE or a repeat echocardiogram.
3. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

A. RAZZAK TAI, M.D.
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Exhibit C

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907 N. Central Avenue
Kissimmee, Florida 34741
(407) 932-3666

ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: MC CLURE, JACKIE

DATE 6/25/01

REASON FOR STUDY: The patient had been on Fen-Phen. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is increased. Hypertrophy of the left ventricle is present. Diastolic dysfunction with decreased compliance of the left ventricle is noted. The global function is normal with an ejection fraction of about 65 to 70%.

Mitral valve is thickened with what appears to be minimal mitral regurgitation on doppler.

The aorta is of normal dimension. The aortic valvular function is normal.

Tricuspid valvular structure and function are normal.

Mild pulmonic insufficiency with mild systolic gradient.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Mild left ventricular hypertrophy.
3. Mild mitral regurgitation
4. Mild pulmonic insufficiency.
5. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

A. RAZZAK TAI, MD

ART/jdg

FROM : RENO KELLER REPORTING

FAX NO. : 16019781877

Mar. 11 2004 09:41AM P2

TRI-COUNTY DOCTORS, INC.
907 N. Central Avenue
Kissimmee, Florida 34743
(407-932-3666)

ECHOCARDIOGRAM AND DOPPLER ANALYSIS**PATIENT:****HILL, DEBRA****DATE 10-28-01**

REASON FOR STUDY: The patient had been on Fen-Phen and Redux. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained. This echocardiogram is technically inadequate. The endocardial echoes are not outlined, therefore the calculations of the cardiac output ejection fraction are incorrect.

Right atrial and ventricle dimension and function are normal

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. Global function is normal. The ejection fraction is 55 to 60 %.

Mitral valve shows a mild degree of mitral regurgitation.

The aorta is of normal dimension. Aortic valvular velocity is normal. Trace of aortic insufficiency

Mild tricuspid regurgitation.

Mild pulmonic insufficiency.

Estimated pulmonary artery pressure is normal

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Mild mitral regurgitation.
3. Trace of aortic insufficiency.
4. Mild tricuspid regurgitation.
5. Trace of pulmonic insufficiency
6. Normal pulmonary artery pressure.
7. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

A. RAZZAK TAI, M.D.
ART/esm

EXHIBIT

4

Echocardiography Laboratory
971 Lakeland Drive, Suite 850
Jackson, MS 39216
(601) 981-8543
Fax 981-3022

PERICARDIAL EFFUSION: ANTERIOR POSTERIOR
NONE OR NORMAL SMALL MEDIUM LARGE

RIGHT VENTRICLE		7-25mm
LEFT VENTRICLE ED	46	35-55mm
LEFT VENTRICLE ES	34	25-40mm
VENTRICULAR SEPTUM 13 ED		ES 7-12mm
LV POSTERIOR WALL 10 ED		ES 6-12mm
SEPTAL MOTION		
POSTERIOR WALL MOTION		
COMMENTS		

EF SLOPE _____ 80-150mm/sec
TOTAL EXCURSION _____ 20-30mm
MITRAL VALVE MOTION _____

AORTIC CUSP EXCURSION 14 16-26mm
AORTIC ROOT 24 20-38mm
LEFT ATRIUM 39 20-38mm
AORTIC VALVE MOTION

TRICUSPID RVSP=41 mm.Hg
PULMONIC

LV EF _____ 69 _____ (20.50)

TECHNICAL COMMENT: MILD MITRAL REGURGITATION
AND TRICUSPID REGURGITATION

1. MILD PULMONARY HYPERTENSION WITH RVEF=41% \pm 10%.
2. LEFT AORTIC ENLARGEMENT.
3. NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION WITH EJECTION FRACTION GREATER THAN .65 %.
4. MILD MITRAL REGURGITATION

CARDIOLOGIST

PATIENT
MOSLEY, PATRICIA

DOCTOR
TAYLOR MALCOLM P.

CHART NO.
10

P. Mosley

JACKSON CARDIOLOGY ASSOCIATES, P. A.
971 LAKE LAND DRIVE, SUITE 850
JACKSON, MISSISSIPPI 39216
(601) 981-3543
(601) 981-3022 FAX

Age 49 Sex F Height 5' Weight 200lb BSA M2 Date 02-21-01
Referring Physician Echo # Tape 29 RED

Pericardial Effusion: ANTERIOR POSTERIOR
NONE OR NORMAL SMALL MEDIUM LARGE

VENTRICULAR MEASUREMENTS:

RIGHT VENTRICLE 19 7-23 mm
LEFT VENTRICLE ED 40 35-55 mm
LEFT VENTRICLE ES 5-40 mm
VENTRICULAR SEPTUM 16 ED ES 7-12 mm
L V POSTERIOR WALL 13 ED ES 6-12 mm
SEPTAL WALL MOTION
POSTERIOR WALL MOTION
COMMENTS

MITRAL VALVE MEASUREMENTS:

EF SLOPE 80-150 mm/sec
JET AREA
LEFT ATRIA AREA
RATIO

AORTIC LEFT ATRIAL MEASUREMENTS:

AORTIC CUSP EXCURSION 16-26 mm
AORTIC ROOT 20-38 mm
LEFT ATRIUM 38 20-38 mm
LA/AOR 1:1
AORTIC VALVE VEGETATIONS: YES NO
JET HEIGHT /LVOT
RATIO

RIGHT HEART VALVES:

TRICUSPID RVSP = 39 mmHg
PULMONIC

TECHNICAL COMMENTS:

TECHNICIAN:

LEFT VENTRICULAR FUNCTION
FRACTIONAL SHORTENING

28-40 %
EJECTION FRACTION .63 0.50 %

INTERPRETATION:

1. LEFT VENTRICULAR HYPERTROPHY.
2. RVSP = 39 mmHg, CONSISTENT WITH MODERATE PULMONARY HYPERTENSION.
3. MODERATE TRICUSPID REGURGITATION.
4. MILD MITRAL REGURGITATION.
5. NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION.
6. EJECTION FRACTION GREATER THAN 60%.

Malcolm P. Taylor
CARDIOLOGIST

PATIENT
MOSLEY, PATRICIA

DOCTOR
TAYLOR, MALCOLM P.

CHART NO.
16

0019

TRI-COUNTY DOCTORS, INC.
907 N. Central Avenue
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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: PRATHER, JOANNA **DATE 10-27-01**

REASON FOR STUDY: The patient had been on Redux. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal

Left atrial size is normal.. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. The ejection fraction is about 50 to 55 %. Global function is normal. Diastolic dysfunction with decreased compliance of the left ventricle is noted.

Mitral valve shows minimal mitral regurgitation with a velocity of 1.3 meter and regurgitant gradient of 5 mmHg. RJA/LAA ratio shows a minimal mitral regurgitation.

Aorta is of normal dimension. Aortic valvular velocity is normal.

Mild tricuspid regurgitation with a velocity of 1.37 meter and regurgitant gradient 7.5 mmHg.

Pulmonic valve velocity is normal.

Estimated pulmonary artery pressure is normal.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Minimal mitral regurgitation.
3. Mild tricuspid regurgitation.
4. Normal pulmonary artery pressure.
5. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

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(407-932-3666)

ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: STEWART, CHARLES DAVID **DATE 10-28-01**

REASON FOR STUDY: The patient had been on Fen-Phen and Redux. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained. This echocardiogram is technically inadequate. The endocardial echoes are not outlined, therefore the calculations of the cardiac output ejection fraction are incorrect.

Right atrial appears to be slightly enlarged with the right ventricular dimension of 3.1 cm.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are increased. Echocardiogram are not well defined, therefore the calculation of the ejection fraction can be erroneous. It appears to be in the lower range of normal.

Mitral valve shows minimal mitral regurgitation with the velocity of 0.78 meter and the regurgitant gradient of 2.4 mmHg.

The aorta is of normal dimension. Aortic valvular velocity is normal. Minimal aortic insufficiency

Minimum tricuspid regurgitation.

Minimal pulmonic insufficiency.

Estimated pulmonary artery pressure is normal.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Mild right side enlargement.
3. Mild left ventricular dilatation.
4. Minimal mitral regurgitation.
5. Minimal tricuspid regurgitation.
6. Minimal aortic insufficiency
7. Minimal pulmonic insufficiency.
8. Normal pulmonary artery pressure.
9. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

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PM-P-00098

TRI-COUNTY DOCTORS, INC.
907 N. Central Avenue
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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: WEATHERSBY, SHARON

DATE 6/25/01

REASON FOR STUDY: The patient had been on Redux. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Moderate right sided enlargement.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are increased to 3.3 cm. and 6.4 cm. The global function is normal with an ejection fraction of about 70%. Diastolic function is abnormal with decreased compliance. Left ventricular hypertrophy is present.

Mitral valve shows normal structure and function.

The aorta dimension is increased to 3.7 cm. . The aortic valvular velocity is increased. A mild systolic gradient of approximately 16 mmHg. is present.

Moderate tricuspid regurgitation with a velocity of approximately 4 meter and the regurgitant gradient of 64 mmHg.

Pulmonic valve velocity is normal. The pulmonic valvular function is normal.

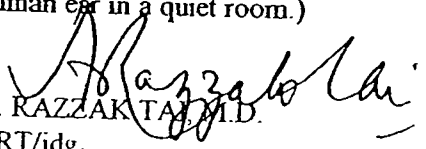
Estimated pulmonary artery pressure is calculated to be 80 to 84 mmHg. .

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Left ventricular hypertrophy.
3. Right sided enlargement.
4. Minimally dilated aorta and minimal aortic systolic gradient.
5. Moderate tricuspid regurgitation
6. Moderate pulmonary hypertension.
7. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)


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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: **BEAVER, AMANDA.**

DATE 6/25/01

REASON FOR STUDY: The patient had been on Fen-Phen. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. Wall thickness is increased. Hypertrophy of the left ventricle is present involving mostly the posterior wall segment. The global function is normal with an ejection fraction of about 70 %

Mitral valve shows normal structure and function.

The aorta is of normal dimension. The aortic valvular function is normal.

Tricuspid valvular structure and function are normal.

Pulmonic valvular structure and function are normal.

Pulmonary artery pressure appears to be normal.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Left ventricular hypertrophy.
3. Normal valvular functions.
4. Normal pulmonary artery pressure.
5. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

A. Razzak
A. RAZZAK, M.D.
ART/jdg

MS-P-00065

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Exhibit D

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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: CUNNINGHAM, KAY

DATE 6/25/01

REASON FOR STUDY: The patient had been on Fen-Phen. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

The right side is in the upper range of normal.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. The global function is normal with an ejection fraction of 60%.

Mitral valve is thickened with normal function.

The aorta is of normal dimension. The aortic valvular function is normal.

Moderate tricuspid regurgitation with the velocity of 2.74 meter and regurgitant gradient of 30 mmHg..

Pulmonic valve velocity is in the upper range of normal. Pulmonic valvular function is normal.

Estimated pulmonary artery pressure is about 42 mmHg..

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Segmental hypertrophy.
3. Right side dimension is in the upper range of normal.
4. Moderate tricuspid regurgitation.
5. Mild pulmonary hypertension.
6. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)


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MS-P-00073

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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT:

DALE, SARAH

DATE 10-28-01

REASON FOR STUDY: The patient had been on Redux. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained. This echocardiogram is technically inadequate. The endocardial echoes are not outlined, therefore the calculations of the cardiac output ejection fraction is incorrect.

INTERPRETATION:

The right side appears to be slightly enlarged.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are increased however, there is no endocardial echo, therefore this calculation is not correct. Looking at the 2-D study the left ventricle size appears to be normal. The ejection fraction appears to be within the normal range.

Mitral valve shows mild mitral regurgitation with a velocity of 1.11 meter.

The aorta is of normal dimension. Aortic valvular velocity is normal. Trace of aortic insufficiency

Mild tricuspid regurgitation with a velocity of 1.12 meter and the regurgitant gradient of 6 mmHg

Pulmonic valve velocity is normal. Trace of pulmonic insufficiency is noted.

Pulmonary artery pressure is normal.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Technically poor study. Left ventricular measurements are inaccurate.
2. Eyeballing, the left ventricle there appears to be of normal function
3. Mild mitral regurgitation.
4. Trace of aortic insufficiency.
5. Mild tricuspid regurgitation.
6. Trace of pulmonic insufficiency.
7. Normal pulmonary artery pressure.
8. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT:

HOLDER, CINDY

DATE 6/25/01

REASON FOR STUDY: The patient had been on Redux. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right side is in the upper range of normal.

Left atrial size is in the upper range of normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is increased. Hypertrophy of the left ventricle is present. The systolic function is normal with an ejection fraction of 65%. Diastolic dysfunction with decreased compliance of the left ventricle is noted.

Mitral valve shows normal structure and function.

The aorta is of normal dimension. The aortic valvular function is normal.

Mild tricuspid regurgitation with a velocity of 2.55 meter and the regurgitant gradient of approximately 26 mmHg.

Pulmonic valve velocity is normal. The pulmonic valvular function is normal.

Estimated pulmonary artery pressure is about 40 mmHg.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Left ventricular hypertrophy..
3. Mild tricuspid regurgitation.
4. Pulmonary artery pressure is about 40 mmHg.
5. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: IRBY, SENATRA

12/18/02

REASON FOR STUDY: The patient had been on Fen/Phen. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M-Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right ventricle dimension and function are normal.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole is normal. Global function is normal with an ejection fraction of 81%.

Mild mitral regurgitation. RJA/LAA ratio is 9%.

The aorta is of normal dimension.

Tricuspid valvular function is normal.

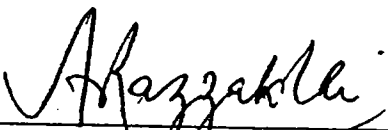
Pulmonary artery pressure is normal.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricle systolic function.
2. Mild mitral regurgitation (9%).
3. Normal tricuspid valvular function.
4. Normal pulmonary artery pressure.
5. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild can be heard by the human ear in a quiet room.)


A. RAZZAKTAL, M.D./all

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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: JOHNSON, RHONDA **DATE 4/21/01**

REASON FOR STUDY: The patient had been on Redux. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. The ejection fraction is greater than 70%.

Mitral valve shows trace regurgitation.

The aorta is of normal dimension. The aortic valve velocity is increased. A small systolic gradient of less than 10 mmHg. is present.

Tricuspid valve structure and function are normal.

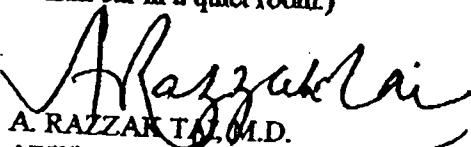
Minimal pulmonic valve insufficiency by color Doppler.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Trace of mitral regurgitation.
3. Trace pulmonic insufficiency.
4. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)


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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: SANDERS, MARY

DATE 4/22/01

REASON FOR STUDY: The patient had been on Fen-Phen. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. The ejection fraction is greater than 70%.

Mitral valve shows normal structure and function.

The aorta is minimally dilated. The aortic valvular function is normal.

Mild tricuspid regurgitation.

Minimal pulmonic insufficiency.

Estimated pulmonary artery pressure is 48 mmHg.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Minimally dilated aorta.
3. Mild tricuspid regurgitation.
4. Minimal pulmonic insufficiency.
5. Mild pulmonary hypertension.
6. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)


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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT:

SHAW, FREDDY

DATE 10-27-01

REASON FOR STUDY: The patient had been on Fen-Phen and Redux. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal

Left atrial size is increased to 4 cm.. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are increased to 4.41 cm. and 6 cm. The global function is normal with an ejection fraction of 50 to 55 %.

Mitral valve shows minimal mitral regurgitation with a velocity of less than 1 meter and regurgitant gradient is insignificant.

The aorta is of normal dimension. Aortic valvular velocity is normal.

Minimal tricuspid regurgitation with a velocity of 1.11 meter and regurgitant gradient 5 mmHg.

Pulmonic valve velocity is normal.

Pulmonary artery pressure calculated is in the normal limits.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Left ventricular enlargement.
3. Left atrial size in the upper range of normal.
4. Minimal mitral regurgitation.
5. Minimal tricuspid regurgitation.
6. Normal pulmonary artery pressure.
7. Suggest further clinical correlation.

Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

L. RAZZAK TAI, M.D.
RT/jdg

MS-P-00088

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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: WILLIAMS, VIRGINIA R.

DATE 4/21/01

REASON FOR STUDY: The patient had been on Fen-Phen. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained. Technically difficult study.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is increased. Hypertrophy of the left ventricle is present. The systolic function is normal with an ejection fraction of greater than 75 %.

Mitral valve shows mild thickening with mitral valve prolapse and mild mitral regurgitation with a velocity of 2.7 meter present.

The aorta is normal in dimension. The aortic valve has normal structure and function.

Mild tricuspid regurgitation.

Pulmonic valve velocity is normal.

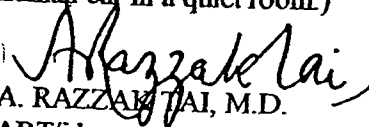
Normal pulmonary artery pressure.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Technically difficult study.
2. Normal left ventricular systolic function.
3. Left ventricular hypertrophy.
4. Mild mitral regurgitation.
5. Mild tricuspid regurgitation.
6. Normal pulmonary artery pressure.
7. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)


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B. Stallings
Kimberly
Alford

ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT:

ALFORD, KIMBERLY

12/18/02

REASON FOR STUDY: The patient had been on Fen/Phen. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M-Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right ventricle dimension and function are normal.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole is normal. Global function is normal with an ejection fraction of 61%.

Mild mitral regurgitation. RJA/LAA ratio is 8%.

The aorta is of normal dimension.

Tricuspid valvular function is normal.

Pulmonary artery pressure is normal.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricle systolic function.
2. Mild mitral regurgitation (8%).
3. Normal tricuspid valvular function.
4. Normal pulmonary artery pressure.
5. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild can be heard by the human ear in a quiet room.)

A. Razzak Tal

A. RAZZAK TAL, M.D.

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Exhibit E

BS-P-02171

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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: CARPENTER, CATHY

DATE 10-28-01

REASON FOR STUDY: The patient had been on Fen-Phen. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained. This echocardiogram is technically inadequate. The endocardial echoes are not outlined, therefore the calculations of the cardiac output ejection fraction is incorrect.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. Global fraction is in the low range of normal. Ejection fraction is in the lower range of 40%.

Mitral valve shows mild to moderate regurgitation with the velocity of 2.05 meter with the regurgitant gradient of 5.7 mmHg.

The aorta is of normal dimension. Aortic valvular velocity is normal. Minimal degree of aortic insufficiency is present.

Trace of tricuspid regurgitation.

Pulmonic valve velocity is normal. Trace of pulmonic insufficiency.

Estimated pulmonary artery pressure is 12.3 mmHg.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Low normal ejection fraction.
3. Mild mitral regurgitation (16.7 mmHg).
4. Minimal aortic insufficiency.
5. Trace of tricuspid regurgitation
6. Trace of pulmonic insufficiency
7. Normal pulmonary artery pressure.

Suggest further clinical correlation.

Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

A. RAZZAK TAI, M.D.
ART/esm

BS-P-00170

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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: COOPER, ELAYNA G.

DATE 6/25/01

REASON FOR STUDY: The patient had been on Fen-Phen. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Mild right sided enlargement.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. The ejection fraction is greater than 60%.

Mitral valve is thickened with moderate mitral regurgitation with a velocity of 3.16 meter and the regurgitant gradient is about 40 mmHg. Using the formula of regurgitant jet amplitude with area covered is about 14%, which would indicate mild mitral regurgitation.

The aorta is of normal dimension. The aortic valvular function is normal.

Moderate tricuspid regurgitation with a velocity of 3.19 meter and the regurgitant gradient of 40 mmHg.

Pulmonic valvular structure and function are normal.

Estimated pulmonary artery pressure is elevated to approximately 60 mmHg.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Right sided enlargement.
3. Mild mitral regurgitation
4. Moderate tricuspid regurgitation
5. Moderate pulmonary hypertension.
6. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)


A. RAZZAK, M.D.

ART/jdg

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B. Stallings
Susan Davis

ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT:

DAVIS, SUSAN

DATE 11/14/01

REASON FOR STUDY: The patient had been on Fen-Phen. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. The ejection fraction is about 50 %. Global function is at the lower limits of normal. Diastolic dysfunction with decreased compliance of the left ventricle is noted.

Mitral valve shows mild mitral regurgitation with a velocity of 2.17 meter and regurgitant gradient 18.8 mmHg. RJA/LAA is 11.5%, indicative of mild mitral regurgitation.

The aorta is of normal dimension. Aortic valvular velocity is normal. A trace of aortic insufficiency is present.

Mild tricuspid regurgitation with a velocity of 1.06 meter and regurgitant gradient of 5 mmHg.

Pulmonic valve velocity is normal. Trace of pulmonic insufficiency.

The pulmonary artery pressure is normal.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Mild mitral regurgitation (11.5%).
3. Trace of aortic insufficiency.
4. Mild tricuspid regurgitation.
5. Trace of pulmonic insufficiency.
6. Normal pulmonary artery pressure.
7. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

AZZAK TAI, M.D.

A. /jdg

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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: ROWAN, VALERIE GIVENS **DATE 10-28-01**

REASON FOR STUDY: The patient had been on Fen-Phen and Redux.. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. The ejection fraction is 65 %.

Mitral valve shows mild mitral regurgitation with a velocity of 1.11 meter and regurgitant gradient 5 mmHg.

The aorta is of normal dimension. Aortic valvular velocity is normal. Minimal aortic insufficiency.

Mild tricuspid regurgitation with a velocity of 2.22 meter and the regurgitant gradient of 19.7 mmHg

Pulmonic valve velocity is normal. Trace of aortic insufficiency is noted.

Estimated pulmonary artery pressure is normal.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Mild mitral regurgitation.
3. Mild tricuspid regurgitation.
4. Minimal aortic insufficiency.
5. Trace of pulmonic insufficiency
6. Normal pulmonary artery pressure.
7. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

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ART/esm.

0013

BS-P-03579

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B. Stallings
Mevalone A.
Johnson

ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: JOHNSON, MEVALONE A

DATE 11/14/01

REASON FOR STUDY: The patient had been on Redux. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. The ejection fraction is greater than 65 %.

Mitral valve shows mild mitral regurgitation with a velocity of 1.18 meter and regurgitant gradient 5.5 mmHg. RJA/LAA ratio is indicative of mild mitral regurgitation..

Aorta is of normal dimension. Aortic valvular velocity is normal with a trace of aortic insufficiency.

Mild tricuspid regurgitation.

Pulmonic valve velocity is normal. Trace of pulmonic insufficiency.

The pulmonary artery pressure is normal.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Mild mitral regurgitation.
3. Trace of aortic insufficiency.
4. Mild tricuspid regurgitation.
5. Trace of pulmonic insufficiency.
6. Normal pulmonary artery pressure.
7. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

A. RAZZAK TAL, M.D.
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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT:

JOHNSON, RAMONA

DATE 6/25/01

REASON FOR STUDY: The patient had been on Fen-Phen. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained. Technically difficult study. Limited views. The endocardium was not visualized.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. The ejection fraction is greater than 70%.

Mitral valve is thickened with normal function.

The aorta is of normal dimension. The aortic valvular function is normal.

Tricuspid valvular structure and function are normal.

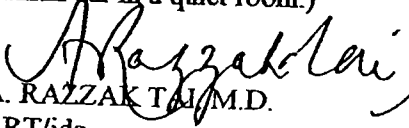
Pulmonic valvular structure and function are normal.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Technically difficult study. Limited study. The endocardium was not visualized.
2. Normal left ventricular systolic function.
3. Normal valvular function.
4. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)


A. RAZZAK TAL/M.D.
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BS-P-00143

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B. Stallings
Bruce McMillan

ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: MC MILLAN, BRUCE

DATE 11/14/01

REASON FOR STUDY: The patient had been on Redux. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained. Technically difficult study. The study is limited. The patient has morbid obesity, 300 pounds.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal

Left atrial size is increased to 4.18 cm. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is increased. Septal hypertrophy and posterior segmental hypertrophy is noted. Diastolic dysfunction with decreased compliance of the left ventricle is noted. The ejection fraction is in the low range of 48%.

Mitral valve shows mild mitral regurgitation with a velocity of 1.3 meter and regurgitant gradient 7 mmHg. RJA/LAA ratio indicative of mild mitral regurgitation.

The aorta is of normal dimension. Aortic valvular velocity is normal.

Mild tricuspid regurgitation with a velocity of 1.12 meter and regurgitant gradient of 5 mmHg.

Pulmonic valve velocity is normal. Trace of pulmonic insufficiency.

Estimated pulmonary artery pressure is normal.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Low normal ejection fraction 48%.
2. Diastolic dysfunction.
3. Septal hypertrophy and posterior segmental hypertrophy.
4. Mild mitral regurgitation (11.5%).
5. Mild tricuspid regurgitation.
6. Trace of pulmonic insufficiency.
7. Normal pulmonary artery pressure.
8. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

A. RAZZAK TAL, M.D.
 ART/jdg

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Kissimmee, Florida 34743
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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: PRESTON CAROLYN

B. Stalling
Preston
DATE 10-28-01

REASON FOR STUDY: The patient had been on Fen-Phen and Redux. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained. This echocardiogram is technically inadequate. The endocardial echoes are not outlined, therefore the calculations of the cardiac output ejection fraction are incorrect.

INTERPRETATION:

Right side is in the upper range of normal.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. The ejection fraction in the low range of normal 45%, . Diastolic dysfunction with decreased compliance of the left ventricle is noted.

Mitral valve shows mild mitral regurgitation with a velocity of 1.17 meters and the regurgitant gradient 6 mmHg.

The aorta is of normal dimension. Aortic valvular velocity is normal.

Mild tricuspid regurgitation with a velocity of 1 meter and the regurgitant gradient of 4 mmHg.

Pulmonic valve velocity is normal. Trace of pulmonic insufficiency.

Estimated pulmonary artery pressure is normal 14mmHg.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Diastolic dysfunction.
3. Mild mitral regurgitation.
4. Mild tricuspid regurgitation (4mmHg).
5. Trace of pulmonic insufficiency
6. Normal pulmonary artery pressure (14mmHg).
7. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: REED, ANGELA TUCK **DATE 6/25/01**

REASON FOR STUDY: The patient had been on Redux. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. Wall thickness is normal. The ejection fraction is greater than 60%.

Mitral valve is thickened with normal function.

The aorta is of normal dimension. The aortic valvular function is normal.

Mild tricuspid regurgitation.

Pulmonic valvular velocity is slightly increased. A mild degree of turbulence is present. The function appears to be normal.

Estimated pulmonary artery pressure is normal.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Mild tricuspid regurgitation.
3. Mild pulmonic valve turbulence.
4. Normal pulmonary artery pressure.
5. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)


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ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT:

SIMPSON, CARRIE

DATE 10-27-01

REASON FOR STUDY: The patient had been on Fen-Phen. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Right atrial and ventricle dimension and function are normal

Left atrial size is normal.. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. The global function is normal with an ejection fraction of 66 %.

Mitral valve shows thickening with minimal mitral regurgitation with a velocity of 1.18 meter and regurgitant gradient of 5.6 mmHg.

The aorta is of normal dimension. Aortic valvular function is normal.

Mild tricuspid regurgitation with a velocity of 2.62 meter and regurgitant gradient 27.4 mmHg.

Pulmonic valve velocity is normal. Minimal pulmonic insufficiency

Estimated pulmonary artery pressure is 37.4 mmHg.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Minimal mitral regurgitation.
3. Mild tricuspid regurgitation.
4. Minimal pulmonic insufficiency.
5. Mild pulmonary hypertension (37.4 mmHg.).
6. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

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Stallings

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ECHOCARDIOGRAM AND DOPPLER ANALYSIS**PATIENT:** STALLINGS, BRENDA**DATE** 4/22/01**REASON FOR STUDY:** The patient had been on Fen-Phen. To define the ventricular and valvular function an echocardiogram was performed.**TECHNIQUE:** M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.**INTERPRETATION:**

Right atrial and ventricle dimension and function are normal.

Left atrial size is normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is normal. The ejection fraction is greater than 80%.

Mitral valve shows normal structure and function.

The aorta is of normal dimension. The aortic valvular structure and function are normal.

Mild tricuspid regurgitation.

Pulmonic valve velocity is normal.

Estimated pulmonary artery pressure is about 40 mmHg.

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Mild tricuspid regurgitation.
3. Pulmonary artery pressure is in the upper limits of normal.
4. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)


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B. Stallings
Harriet Stewart

ECHOCARDIOGRAM AND DOPPLER ANALYSIS

PATIENT: STEWART, HARRIET

DATE 6/25/01

REASON FOR STUDY: The patient had been on Fen-Phen. The patient has multiple complaints. To define the ventricular and valvular function an echocardiogram was performed.

TECHNIQUE: M Mode and 2-D study was obtained in various views. A Doppler analysis was also obtained.

INTERPRETATION:

Minimal right sided enlargement.

Left atrial size is in the upper limits of normal. No evidence of intramural thrombus.

Left ventricular dimension in systole and diastole are normal. Mechanical function of the left ventricle is normal. The wall thickness is increased. The septal area is thickened. Hypertrophy is present. The global function is normal with an ejection fraction of about 75 %.

Mitral valve shows thickening with normal function.

The aorta is of normal dimension. The aortic valvular function is normal.

Moderate tricuspid regurgitation with a velocity of 3.26 meter and a regurgitant gradient of 43 mmHg. is present..

Pulmonic valve velocity is normal. Minimal pulmonic insufficiency is noted.

Estimated pulmonary artery pressure is about 60 mmHg..

No evidence of pericardial effusion.

FINAL CONCLUSION:

1. Normal left ventricular systolic function.
2. Left ventricular hypertrophy.
3. Minimal right sided enlargement.
4. Moderate tricuspid regurgitation.
5. Minimal pulmonic insufficiency.
6. Moderate pulmonary hypertension.
7. Suggest further clinical correlation.

(Trace means insignificant. Minimal is a slightly lower grade than mild. Mild is the one that could be heard by the human ear in a quiet room.)

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